

NJACT REVIEWER APPLICATION

APPLICANT INFORMATION

Name (Last):	(First):	Date:
Street address:		
City:	County:	ZIP Code:
Phone/ Home		Phone/Cell:
E-mail Address		

THEATER AFFILIATION (IF APPLICABLE)

Primary Theater Company:		
Address:		How long?
City:	County:	ZIP Code:
Phone:		E-mail:

Are you applying to review as a representative of your primary theater company ? YES ☐ NO ☐

THEATRICAL EXPERIENCE/*** PLEASE ATTACH COPY OF THEATRICAL RESUME

Primary Area/s of Expertise (please check all that apply) :

- | | | | | |
|---|--|--|--|---------------------------------------|
| <input type="checkbox"/> Performance | <input type="checkbox"/> Direction | <input type="checkbox"/> Production (producer) | <input type="checkbox"/> Music Direction | <input type="checkbox"/> Choreography |
| <input type="checkbox"/> Stage Management | <input type="checkbox"/> Costumes | <input type="checkbox"/> Lighting | <input type="checkbox"/> Sound | |
| <input type="checkbox"/> Backstage Crew | <input type="checkbox"/> Scenic Design | <input type="checkbox"/> Props | <input type="checkbox"/> Front of House | |

Other Areas of Experience (please check all that apply) :

- | | | | | |
|---|--|--|--|---------------------------------------|
| <input type="checkbox"/> Performance | <input type="checkbox"/> Direction | <input type="checkbox"/> Production (producer) | <input type="checkbox"/> Music Direction | <input type="checkbox"/> Choreography |
| <input type="checkbox"/> Stage Management | <input type="checkbox"/> Costumes | <input type="checkbox"/> Lighting | <input type="checkbox"/> Sound | |
| <input type="checkbox"/> Backstage Crew | <input type="checkbox"/> Scenic Design | <input type="checkbox"/> Props | <input type="checkbox"/> Front of House | |

COMMUNITY THEATER REFERENCES

Name :	E-Mail :
Theater Company(if applicable)	Phone :
Name :	E-Mail :
Theater Company(if applicable)	Phone :

Please Discuss why are you interested in becoming an NJACT reviewer, your views on NJ Community Theater and why you feel you would make a good candidate :

County:

NJACT Use Only

Approved for Reviewer Yes_____ No_____

Training Scheduled_____ (date) Training Completed_____ (date)